

PREPARING TOMORROW'S TEACHERS TO USE TECHNOLOGY GRANTS

TITLE PAGE FORM

OMB No. 1840-0741
Form Exp.: 10/31/03

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0741. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20006-8526. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Preparing Teacher's to Use Technology, U. S. Department of Education, 1990 K Street, N.W., Washington, DC 20006-8526.

This application must be sent to:
U.S. Department of Education, No. 84.342 ____
Application Control Center
Room 3633, ROB 3
Washington, D.C. 20202-4725

1. Application No. (For ED Use Only)

2. Duns Number

2a. TINS Number

3. Lead Organization Name:

4. Project Director:

Percent of time on Project: ____

Name and Title:

Contact Person Name & Title:

Address (Complete):

Address (No P.O. Box):

Telephone:

Fax:

Telephone:

Fax:

E-mail:

E-mail:

5. Federal Funds Requested:

1st Year _____

2nd Year _____

3rd Year _____

TOTAL _____

6A. Consortium Members (other than Lead): Number of Each Required Members:

_____ Institution of Higher Education; _____ SEA or _____ LEA

_____ Museum _____ Other _____ PK-12

_____ Other Non-profit _____ Library _____ For Profit Firm

Optional Members (Select at least one)

6B. Lead Organization Type: _____

6C. Does your organization currently have or have had a PT3 grant ____yes ____no

____ Capacity Building ____ Implementation ____ Catalyst ____ 1999 ____ 2000 ____ 2001

7. Type of Grant

☐ PT3 GRANT 84.342A

8. Are you participating in another PT3 application?

____ No ____ Yes Name of Applicant _____

9. Duration of Project:

Starting Date: _____ Ending Date: _____

Total Number of Months: _____

10. Target Population: Number of Future Teachers Directly Benefiting from the Project:

Year 1 ____ Year 2 ____ Year 3 ____ Total ____

11. Application Title

12. Brief Abstract of Application: (Do not leave this blank)

13. Certification By Authorizing Official

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filing of the application has been duly authorized by governing body of the applicant.

Name _____ Title _____ Telephone _____
Signature _____ Date _____

Instructions for Completing Title Page Form

**** DO NOT FORGET TO SIGN THE FORM ****

ITEM 1. LEAVE BLANK -- FOR OFFICE USE ONLY

ITEM 2. D-U-N-S Number: Enter the applicant's D-U-N-S Number. If your organization does not have a D-U-N-S Number, you can obtain a number by calling 1-800-333-0505 or by completing a D-U-N-S Number Request Form. The form can be obtained via the Internet at: <http://www.dnb.com/dbis/aboutdb/intlduns.htm>.

2a. T-I-N-S - Tax Identification Number: Enter the tax identification number as assigned by the Internal Revenue Service.

ITEM 3. LEAD ORGANIZATION: Enter the name and complete mailing address of the organization which will serve as the legal organization (fiscal agent).

ITEM 4. PROJECT DIRECTOR: Enter the name and complete mailing address (i.e. department, room number) of the Project Director or Co-Directors, *and the percentage of time to be spent on the project*. If no one has been selected, so indicate and enter the name of the person who can be contacted to discuss the programmatic aspects of the project. NOTE: Acknowledgments of grant awards are sent to this address and the lead organization is responsible for the completion and accuracy of all reporting documents.

ITEM 5. FEDERAL FUNDS REQUESTED: Enter the amount of Federal funds being requested in each year of the project. Under "TOTAL" enter the cumulative amount requested for the duration of the project.

ITEM 6A. CONSORTIUM MEMBERS: Include the number of each type of organization included in the consortium.

6B. LEAD ORGANIZATION TYPE: Enter the type from those listed in 6A.

6C. Current or Past PT3 Grant: If so, enter type.

ITEM 7. TYPE OF GRANT: Self-explanatory.

ITEM 8. ARE YOU PARTICIPATING IN ANY OTHER PT3 GRANT APPLICATION? Check Yes or No. If you are participating in another PT3 grant application, provide the name of the lead organization and check the type of grant. (Identify all grant applications in which you are participating.)

ITEM 9. DURATION OF THE PROJECT: If you are requesting different start or end dates, please explain the request in your management plan and timeline.

ITEM 10. TARGET POPULATION: NUMBER OF FUTURE TEACHERS DIRECTLY BENEFITING FROM THE PROJECT PER YEAR: Estimate target population count for each year of the project.

ITEM 11. APPLICATION TITLE: Self-explanatory.

ITEM 12. BRIEF ABSTRACT OF APPLICATION: Keep concise and confined to the space provided, but in no case should you leave this blank. Also see instructions under "Preparation for Application" for submitting a separate one-page abstract.

ITEM 13. CERTIFICATION BY AUTHORIZING OFFICIAL: Enter the name, title, and telephone number of the official who has the authority both to commit the Lead Organization to accepting Federal funding and to execute the proposed project. **Submit the original ink-signed copy of the authorizing official's signature.**